

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OC0101US
First Named Inventor	Hichwa
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPTICAL CROSS-CONNECT WITH MAGNETIC MICRO-ELECTRO-MECHANICAL ACTUATOR CELLS**

(Title of the Invention)

the specification of which

is attached hereto  
OR  
 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable)

Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside it's box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label **022849** OR  Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor  
**NAME OF SOLE OR FIRST INVENTOR :**

Given Name **Bryant P.** Family Name **Hichwa**  
(first and middle [if any])

Inventor's Signature **Bryant P Hichwa** Date **09 Jan 2007**

Residence: City **Santa Rosa** State **CA** Country **USA** Citizenship **US**

Mailing Address **4100 Pressley Road**

Mailing Address

City **Santa Rosa** State **CA** ZIP **95404** Country **US**

A petition has been filed for this unsigned inventor  
**NAME OF SECOND INVENTOR:**

Given Name **John S.** Family Name **Foster**  
(first and middle [if any])

Inventor's Signature Date

Residence: City **Santa Barbara** State **CA** USA Country **US** Citizenship **US**

Mailing Address **4678 Via Huerto**

Mailing Address

City **Santa Barbara** State **CA** ZIP **93110** Country **USA**

Additional inventors are being named on the **2** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**ADDITIONAL INVENTOR(S)**

**Supplemental Sheet**

Page 1 of 2

**DECLARATION**

**Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Richard T.

Martin

**Inventor's  
Signature**

Date

Residence: City

Goleta

State CA

Country USA

Citizenship US

5629 Berkeley Road  
Mailing Address

**Mailing Address**

City Goleta

State CA

ZIP 93117

Country USA

**Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Paul J.

Rubel

**Inventor's  
Signature**

Date

Residence: City Santa Barbara

State CA

Country USA

Citizenship US

527 La Marina Drive  
Mailing Address

**Mailing Address**

City Santa Barbara

State CA

ZIP 93109

Country USA

**Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

John W.

Stocker

**Inventor's  
Signature**

Date

Residence: City Carpenteria

State CA

Country USA

Citizenship US

185 Ocean View Avenue  
Mailing Address

**Mailing Address**

City Carpenteria

State CA

ZIP 93105

Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>2</u>
--------------------	--	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jeffery F.		Summers	
Inventor's Signature		Date	
Residence: City	Santa Barbara	State	CA
Country	USA	Citizenship	US
Mailing Address 1416 Clear View Road			
<b>Mailing Address</b>			
City	Santa Barbara	State	CA
ZIP	93101	Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
<b>Mailing Address</b>			
City		State	
ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
<b>Mailing Address</b>			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → [ ]

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.


**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OC0101US
First Named Inventor	Hichwa
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPTICAL CROSS-CONNECT WITH MAGNETIC MICRO-ELECTRO-MECHANICAL ACTUATOR CELLS**

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) [ ]

as United States Application Number or PCT International

(if applicable).

Application Number [ ] and was amended on (MM/DD/YYYY) [ ]

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America. Listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	NO
[ ]	[ ]	[ ]	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
[ ]	[ ]				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)  
Approved for use through 10/31/2002 GAMS 0861-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label 022849 OR  Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

### NAME OF SOLE OR FIRST INVENTOR:

Given Name Bryant P.

Family Name Hichwa  
or Surname

Inventor's  
Signature

Date

Residence: City Santa Rosa

State CA

Country USA

Citizenship US

Mailing Address 4100 Pressley Road

Mailing Address

City Santa Rosa

State CA

ZIP 95404

Country US

### NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name John S.

Family Name Foster  
or Surname

Inventor's  
Signature

Date 1/11/01

Residence: City Santa Barbara

State CA

Country USA

Citizenship US

Mailing Address 4678 Via Huerto

Mailing Address

City Santa Barbara

State CA

ZIP 93110

Country USA

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

01/17/2001 11:56 8056813803  
01/17/2001 10:57 8056813803JFOSTER  
JFOSTERPAGE 04  
PAGE 04Please type a plus sign (+) inside the box → PTO/SB/08A (11-00)  
Approved for use through 10/01/2002. GPO 2001-0223  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
U.S. GOVERNMENT PRINTING OFFICE: 2001 500-104-0223

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Richard T.		Martin	
Inventor's Signature	<i>Richard T. Martin</i>		Date 11 Jan 2001
Residence: City	Goleta	State CA	Country USA
Mailing Address	5629 Berkeley Road		
Mailing Address	City Goleta	State CA	Zip 93117
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Paul J.		Rubel	
Inventor's Signature	<i>P.J. Rubel</i>		Date Jan 11, 2001
Residence: City Santa Barbara	State CA	Country USA	Citizenship US
Mailing Address	527 La Marina Drive		
Mailing Address	City Santa Barbara	State CA	Zip 93108
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
John W.		Stockard	
Inventor's Signature	<i>John W. Stockard</i>		Date 1/17/01
Residence: City Santa Barbara	State CA	Country USA	Citizenship US
Mailing Address	785 Ocean View Avenue 211 Bath		
Mailing Address	City Santa Barbara	State CA	Zip 93101-0446

Please Note: Inventor(s) This form is designed to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any correspondence concerning this form should be addressed to the Office of the Commissioner of Patents and Trademarks, Washington, DC 20540. In the event of loss, you are responsible for sending the form, postage paid, to the Office of the Commissioner of Patents and Trademarks, Washington, DC 20540. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20540.

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

DECLARATION

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Jeffery F.	Summers		
Inventor's Signature	Date Jan 11, 2001		
Residence: City Santa Barbara	State CA	Country USA	Citizenship US
Mailing Address 1416 Clear View Road			
Mailing Address			
City Santa Barbara	State CA	ZIP 93101	Country USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Hichwa et al.  
 Application No./Patent No.: unassigned Filed/Issue Date: herewith  
 Entitled: OPTICAL CROSS-CONNECT WITH MAGNETIC MICRO-ELECTRO-MECHANICAL ACTUATORS  
 Optical Coating Laboratory, Inc., a corporation  
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1.  the assignee of the entire right, title, and interest; or (Equal, undivided interest with Applied Magnetics Corporation, dba Innovative Micro Technology)
2.  an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A.  An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
 The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

- Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Jan 17, 2001  
 Date

Scott W. Hewett

Typed or printed name

Scott W. Hewett  
 Signature 1/17/01

Attorney for Optical Coating Laboratory, Inc.

Title